

## **PSJ2 Exh 89**

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## EXALGO Message Recall Research: - Final Report -

Conducted by

**Adelphi**  
ADDELPHI RESEARCH BY DESIGN

April 10, 2013

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## Background and Methodology

- Covidien/Mallinckrodt commissioned this study to measure how effectively detailing messages are communicating the benefits of EXALGO and encouraging product prescribing
  - Wave 3 (Mar-12)\*: conducted March 8 - 21, 2012
    - 99 physicians (61 PMs, 38 PCPs)
  - Wave 4 (Aug-12)\*: conducted August 9 - 29, 2012
    - 152 physicians (92 PMs, 30 PM&Rs, 30 PCPs)
  - Wave 5 (March-13)\*: conducted February 25 - March 19, 2013
    - 150 physicians (90 PMs, 30 PM&Rs, 30 PCPs)
- Structured Internet-based interviews approximately 20 minutes in length
- Physicians were recruited from an EXALGO target list
- Physicians were required to meet the following criteria to qualify:
  - Minimum of 75% of professional time dedicated to caring for patients
  - Between 2 and 30 years in practice, post-residency
  - Minimum of 25 prescriptions written for Schedule II ER opioids for chronic pain in a typical month
  - All respondents this wave must have been detailed on EXALGO in the past 2 months
  - Standard security criteria

*\*For consistency, the Wave number of the Message Recall research aligns with its respective Wave of the ATU research*

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## Specific Research Questions

1

What are physicians' perceptions of the *Covidien/Mallinckrodt* sales force and EXALGO discussions?

2

How are EXALGO messages perceived and to what extent do they motivate prescribing?

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## Executive Summary

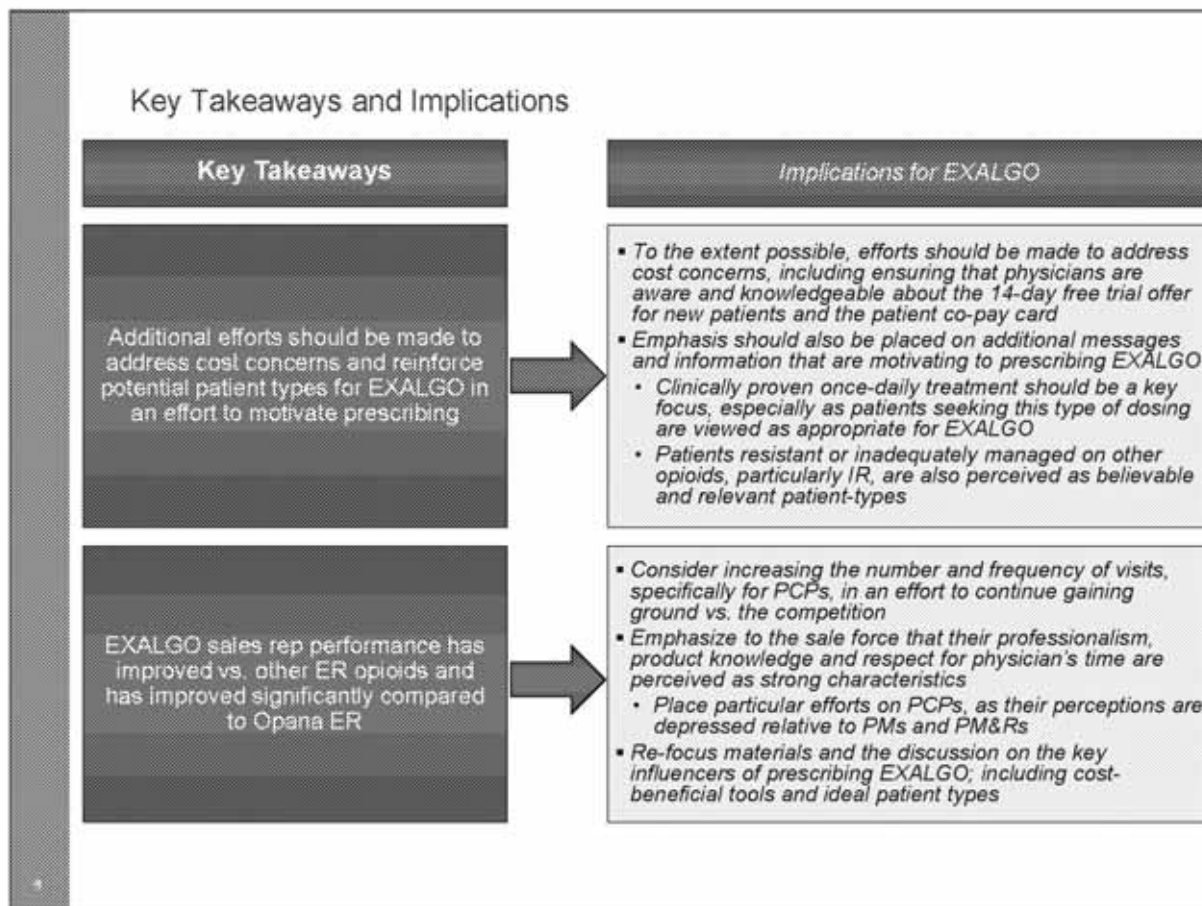
**What are physicians' perceptions of the Covidien/Mallinckrodt sales force and EXALGO discussions?**

- Most physicians cite having been detailed on EXALGO within the past month
  - Detailing on EXALGO occurred an average of 8 times in the past 3 months
- Nearly half of PMs and PM&Rs report their EXALGO discussions as very useful, while PCPs, who report fewer details, are not as enthusiastic
- Professionalism is the top quality associated with the EXALGO sales reps, followed by overall product knowledge and respect for physician's time
  - Knowledge of side effects and coverage status are also seen as strong points
  - Considering the needs of patients receives low ratings from PCPs, perhaps linked to fewer number of details
- EXALGO sales rep performance has improved significantly vs. Opana ER since the prior wave in a head-to-head comparison and has improved directionally vs. other ER opioids

**How are EXALGO messages perceived and to what extent do they motivate prescribing?**

- In the current wave, unaided EXALGO message recall centers on improved insurance coverage, better dosing and better efficacy; aligning closely with the prior wave
- On an aided recall basis, available doses/flexible dosing and clinically proven once-daily pain treatment are top messages recalled by physicians
  - These messages, as well as copay card savings and proper conversion/titration, are strong messages overall for EXALGO, garnering high awareness and favorable believability and relevance scores
- Just over one-third recall discussing specific patient types with the EXALGO brand rep
  - The most recalled patient types discussed were patients with chronic pain and patients switching from a prior therapy
  - The patient types discussed were perceived to be both believable and relevant
- Physicians cite improved insurance/formulary coverage, available coupons, review of administration/dosing strategies and MOA as new information learned during most recent detail
- Approximately half of physicians recall discussing EXALGO tools with a sales rep
  - The dose conversion chart, patient starter kit and brochure are the tools most recalled
- The EXALGO discussions appear to have a positive impact on physician behavior; with strong proportions citing beginning, continuing or increasing prescribing of EXALGO post-discussion
  - Clinically proven once-daily treatment, trial offer for new patients and copay card savings are the most motivating messages in driving this behavior





1

What are physicians' perceptions of the *Covidien/Mallinckrodt* sales force and EXALGO discussions?

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Among physicians detailed on EXALGO, most cite being detailed within the past month

**Timing of Last EXALGO Detail**

	Total			PMs			PCPs			PM&Rs	
	Mar-12 (n=99) (A)	Aug-12 (n=152) (B)	Mar-13 (n=150) (C)	Mar-12 (n=61) (A)	Aug-12 (n=92) (B)	Mar-13 (n=90) (C)	Mar-12 (n=35) (A)	Aug-12 (n=30) (B)	Mar-13 (n=30) (C)	Aug-12 (n=30) (B)	Mar-13 (n=30) (C)
Within the last 2 weeks	62%	47%	39%	69%	51%	44%	50%	33%	30%	47%	33%
Within the last month	19%	32%	29%	15%	29%	29%	26%	37%	27%	37%	33%
Within the last 3 months*	19%	21%	31%	16%	20%	27%	24%	30%	43%	17%	33%

\*Timing was within last 3 months in prior wave

Base = Total Physicians: (bases vary)

Q59 How long has it been since your last detail by a sales representative for each of the following chronic pain products? Please consider a "detail" as having a face-to-face conversation with a sales representative

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PM&Rs and PMs estimate approximately 8 EXALGO details in the past 3 months and nearly half report these discussions as useful; PCPs report far fewer details and do not perceive the discussions to be as valuable

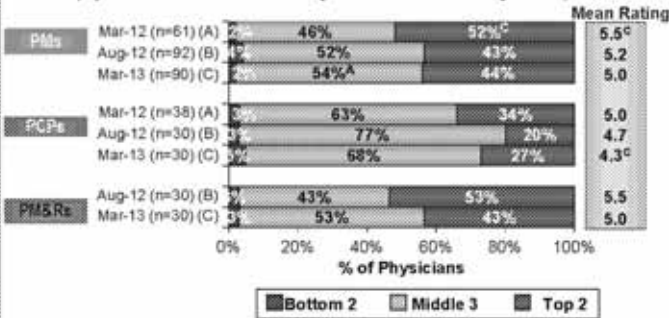
Mean # of Times Detailed on EXALGO in Past 3 Months\*:

Mar-13

Total Physicians: 7.8 (PMs: 8.5; PCPs: 5.2; PM&Rs: 9.8)

Usefulness of EXALGO Discussion

(7-point scale: 1=Poor Use of My Time and 7=Extremely Useful)



\*Note: Question wording changed March 2013. Not able to be trended to prior waves.

Base = Total Physicians (bases vary)

QB1A How many times in the past 3 months would you say you have been detailed by a sales representative from Covidien/Mallinckrodt about EXALGO?

QB1 Using the scale below, how would you describe the last discussion that you had with the sales representative from Covidien/Mallinckrodt about EXALGO?

Base = Physicians who experienced a poor use of time with EXALGO detail

QB1B Why did you find the last discussion that you had with the sales representative from Covidien/Mallinckrodt about EXALGO to be a poor use of your time? (OPEN END)

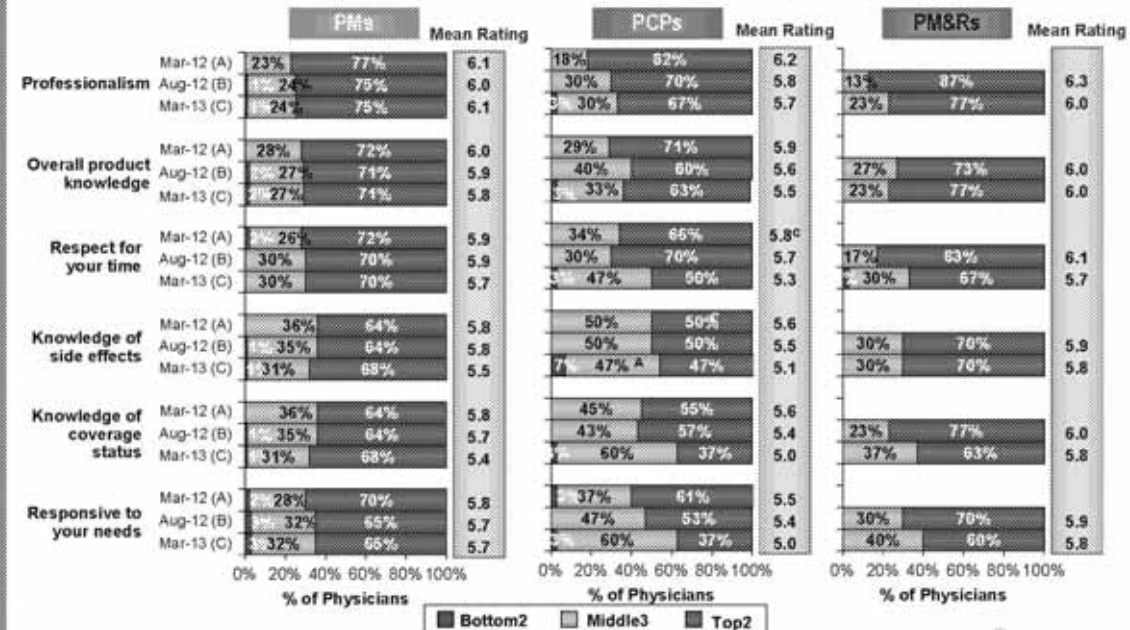
Reasons for Considering Last Meeting to be a Poor Use of Time

Mar-13  
(n=17\*\*)

- Rep not knowledgeable/Not much information (n=4)
- No new information (n=4)
- Not covered by insurance/Insurance information irrelevant (n=2)
- Avoid chronic pain treatment/Limit controlled substances (n=2)
- Rep not convincing/Better choices available (n=1)
- Just dropped off brochure (n=1)
- Too complex to discuss in a limited time (n=1)
- Other (n=1)
- None (n=1)

*Professionalism is the top quality associated with the EXALGO sales reps, followed by overall product knowledge and respect for physician time*

**Sales Representative Performance Attributes**  
(7-point scale: 1=Performs Poorly and 7=Performs Extremely Well)



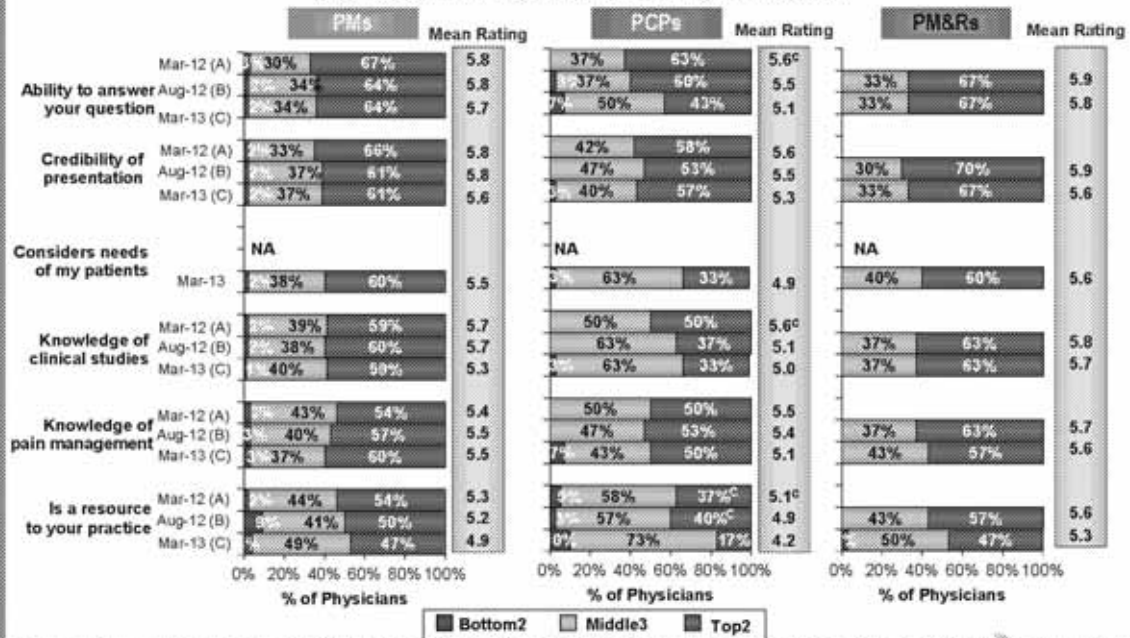
Base = Total Physicians: Mar-12: PMs (n=61), PCPs (n=38); Aug-12: PMs (n=92), PCPs (n=30); PM&Rs (n=30); Oct-12: PMs (n=90), PCPs (n=30); PM&Rs (n=30)

QB2a Doctor, again thinking of EXALGO, please rate how the Covidien/Mallinckrodt sales representative performs on each of the following qualities or services listed below

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Considering patient needs and resource to practice are given low ratings among PCPs

**Sales Representative Performance Attributes (Cont'd)**  
(7-point scale: 1=Performs Poorly and 7=Performs Extremely Well)



Base = Total Physicians: Mar-12: PMs (n=61), PCPs (n=38); Aug-12: PMs (n=92), PCPs (n=30), PM&Rs (n=30); Oct-12: PMs (n=90), PCPs (n=30), PM&Rs (n=30).

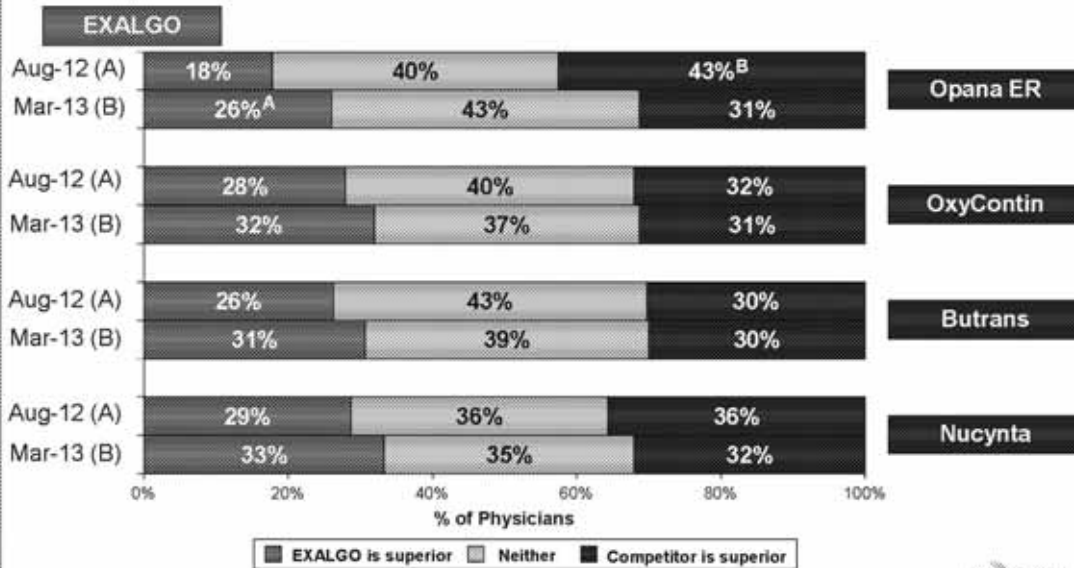
QB2a Doctor, again thinking of EXALGO, please rate how the Covidien/Mallinckrodt sales representative performs on each of the following qualities or services listed below

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EXALGO sales rep performance has improved significantly since the prior wave in a head-to-head comparison vs. Opana ER and has improved directionally since the prior wave vs. other ER opioids

**Sales Representative Performance: EXALGO Vs. Competitors**



Weighted data

Base = Total Physicians: Aug-12: (n=152); Mar-13: (n=150)

QB2B: Again thinking of EXALGO, please rate how the Covidien/Mallinckrodt sales representative performs compared to sales representatives for the following extended-release opioids.

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2

How are EXALGO messages perceived and to what extent do they motivate prescribing?

Unaided message recall for EXALGO continues to center on *improved insurance coverage, better dosing and better efficacy*

**Unaided Main Message Conveyed about EXALGO - By Total Physicians**  
(Top Mentions)

EXALGO	Total		
	Mar-12 (n=99)	Aug-12 (n=152)	Mar-13 (n=150)
Good Price/Insurance/Formulary Coverage	13%	32%	31%
Good/Better Administration/Dosing	42%	39%	30%
Good/Better Efficacy	47%	32%	26%
Good/Better Formulation/Mechanism of Action	37%	21%	17%
Good/Better Safety/Side Effect/Tolerability Profile	22%	14%	17%
Suggested use/transition/increased use	3%	4%	7%
Good/improved availability	8%	1%	2%
Good/better drug	0%	1%	2%
New Drug	8%	7%	1%
Other mentions	0%	2%	7%

Base = Total Physicians: (bases vary)

QB2 In your last discussion, what was the main message the Covidien/Mallinckrodt sales representative conveyed about EXALGO? [OPEN END]

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*Available doses and clinically proven once-daily* are top messages recalled by physicians on an aided basis - these messages, along with *copay card savings* and *proper conversion/titration*, are strong messages overall, garnering high awareness and favorable believability and relevance scores

**Aided Awareness and Performance of EXALGO Messages**

	Aided Awareness	Believability (Top 2 Box)	Relevance (Top 2 Box)
EXALGO is available in 8, 12, 16, and 32mg tablets to provide dosing flexibility	86%	74%	61%
Clinically proven, once-daily chronic pain treatment	83%	58%	59%
The EXALGO copay card can save patients up to \$60 on each prescription	73%	61%	61%
Consider EXALGO earlier in your treatment algorithm	71%	45%	48%
Proper conversion and titration are key to effective treatment	67%	62%	61%
14 day free trial offer can help get new patients started	63%	72%	59%
To obtain the starting dose, calculate the equianalgesic dose and reduce by 25% - 50%	58%	57%	59%
8 out of 10 managed care patients covered without prior authorization	57%	40%	67%
No CYP450 drug interactions	56%	68%	68%
EXALGO delivers reduced plasma fluctuations compared to IR hydromorphone	55%	60%	63%
50% reduction in mean pain intensity scores in successfully converted patients (6.4 to 3.2) in pivotal trial	47%	49%	60%
Hydrocodone patient type	44%	50%	47%
Set patient expectations when converting to EXALGO	42%	56%	56%
The PK profile for EXALGO is very different than immediate release hydromorphone	41%	57%	56%
Oxycodone patient type	37%	46%	63%
Mean effective dose in pivotal trial was 37.8mg	32%	52%	56%
Opana ER patient type	27%	45%	43%

Note: New list of messages used in March 2013.

Base = Total Physicians (n=150)

Q65 Including what you may have already mentioned, which of the following messages did the representative discuss about EXALGO for moderate to severe chronic pain during the most recent presentation?

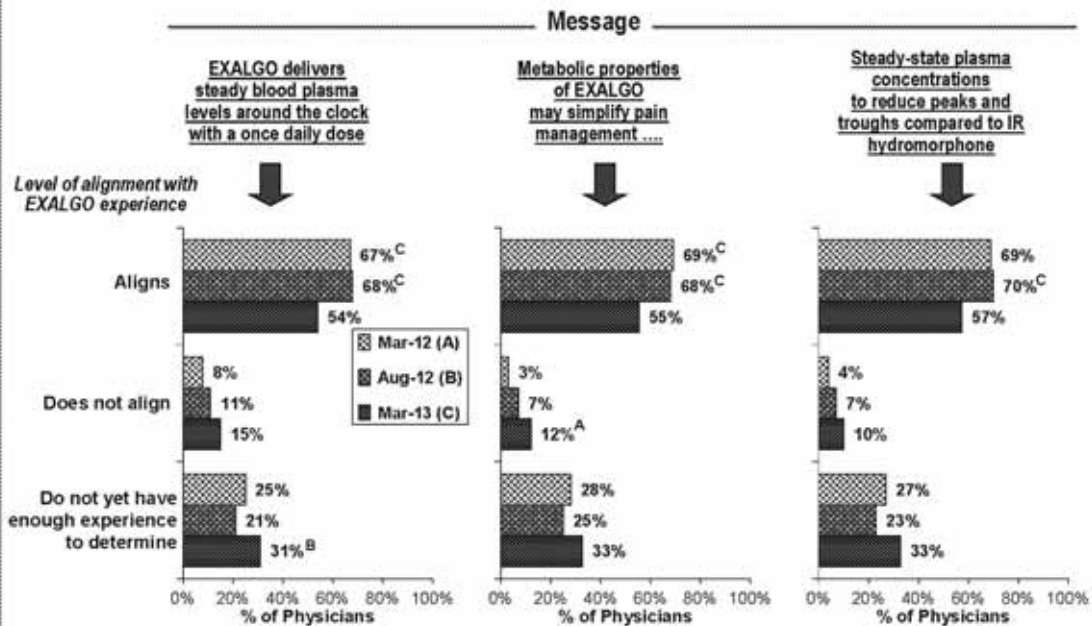
Base = Physicians who had a sales rep discuss each message. Mar-13 (bases vary for each message)

Q66 For each of the messages discussed about EXALGO during your last detail visit, to what degree did you find them to be believable?

Q67 For each of the messages discussed about EXALGO during your last detail visit, to what degree did you find them to be relevant to you?

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Compared to prior waves, physicians are less inclined to believe that the EXALGO messages align with their experience; one-third of physicians cite that they do not have enough experience with the agent to determine this



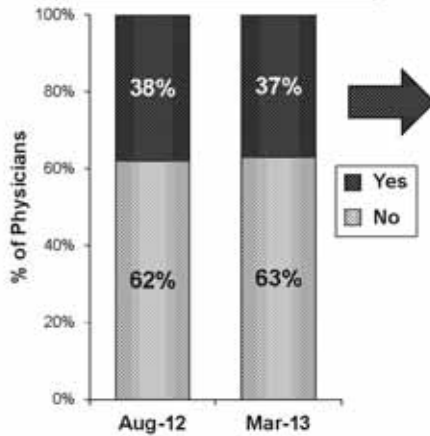
Base = Total Physicians: Mar-12 (n=98); Aug-12 (n=152); Mar-13 (n=150)

QB12 How well do each of the following messages align with your experiences when using EXALGO (hydromorphone HCl extended-release tablets)?

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More than half of physicians recall a sales rep discussing a patient with chronic pain as a suitable patient type for EXALGO; physicians also recall a patient switching from a prior therapy as an appropriate patient

**Whether Patient Type Was Discussed  
in Last Discussion with the  
EXALGO Sales Representative**



**Patient Types Discussed with the  
EXALGO Sales Representative**

Patient Type(s) Discussion with EXALGO Sales Representative – Top Mentions		
	Aug-12 (n=57)	Mar-13 (n=58)
▪ <b>Type of Pain (Net)</b>	<b>56%</b>	<b>66%</b>
> Chronic pain	40%	52%
> Moderate pain	11%	14%
> Severe pain	14%	14%
> Lower back/lumbar/Back pain	18%	9%
> Malignant pain	4%	5%
▪ <b>Switching from Prior Therapy (Net)</b>	<b>51%</b>	<b>52%</b>
> Inadequate/Uncontrolled/Resistant response to current medication	25%	31%
> Need switched from short-acting to long-acting/ER	26%	22%
> Problems/Breakthrough pain on other medications	5%	3%
▪ <b>Dosing (Net)</b>	<b>9%</b>	<b>14%</b>
> Patients who need less doses	9%	12%
▪ <b>Patient Characteristics (Net)</b>	<b>7%</b>	<b>9%</b>
> Higher potential for drug abuse	2%	5%
▪ <b>Opioid tolerant patients</b>	<b>7%</b>	<b>12%</b>
▪ <b>Cost/Reimbursement concerns</b>	<b>0%</b>	<b>5%</b>
▪ <b>Other</b>	<b>2%</b>	<b>12%</b>
▪ <b>Don't recall</b>	<b>7%</b>	<b>2%</b>

Weighted data

Base = Total Physicians: Aug-12: (n=152); Mar-13: (n=150)

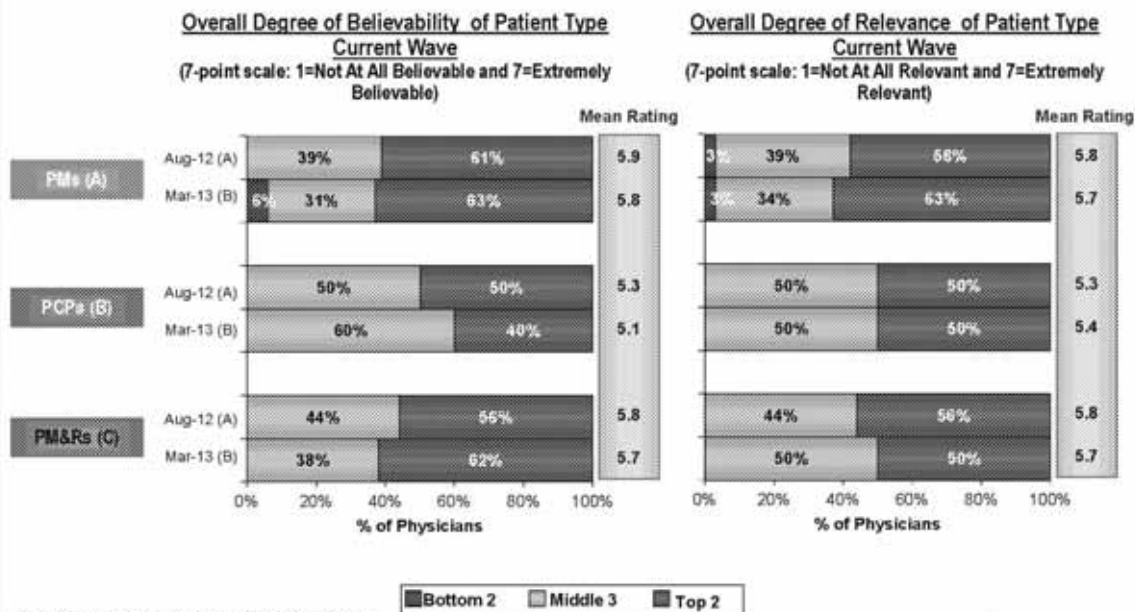
QB4A In your last discussion with the EXALGO sales representative, was a patient type discussed?

Base = Physicians who discussed patient type in last discussion with an EXALGO sales representative

QB4B Describe the patient type(s) discussed with the EXALGO sales representative? [OPEN END]

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Overall the patient types discussed with the EXALGO rep were perceived to be both believable and relevant



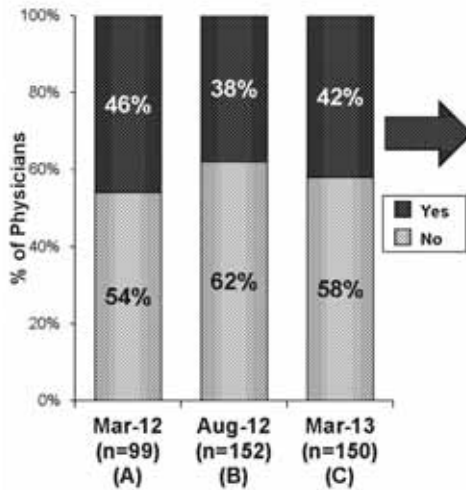
**Note:** Very small base size—interpret with extreme caution  
 Base = Total Physicians; Aug-12: PMs (n=36), PCPs (n=12<sup>\*\*\*</sup>), PM&Rs (n=9<sup>\*\*\*</sup>); Mar-13: PMs (n=32), PCPs (n=10<sup>\*\*\*</sup>), PM&Rs (n=16<sup>\*\*\*</sup>)  
 QB4C Thinking of the patient type(s) discussed with the EXALGO sales representative during your last detail visit, to what degree did you find it to be believable?  
 QB4D Thinking of the patient type(s) discussed with the EXALGO sales representative during your last detail visit, to what degree did you find it to be relevant to you?

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The proportion of physicians stating that they've learned something new during the EXALGO presentation has remained steady since the prior wave; commonly related to coupons and cost reduction

**Whether New Information Was Learned  
During EXALGO Presentation**



**New Information Learned  
During EXALGO Presentation**

**New Information Learned About EXALGO –  
– Top Mentions**

	Aug-12 (n=58)	Mar-13 (n=63)
• Good Price/Insurance/Formulary Coverage (Net)	38%	40%
➢ Offers coupons/vouchers/help with copay/cost reduction	10%	24%
➢ Good/improved/better insurance/formulary coverage	31%	17%
• Good/Better Administration/Dosing (Net)	38%	25%
➢ Offer new dosage strengths	5%	6%
➢ Provided overview/review of administration/dosing strategies	17%	5%
➢ Conversion ratios	3%	5%
➢ Q24 hour dosing/Once a day dosing	7%	3%
➢ Ease of titration	5%	0%
• Good/Better Formulation/Mechanism of Action (Net)	34%	22%
➢ No cytochrome p450 interaction	2%	8%
➢ Metabolic pathway/Active metabolite/Hydromorphone	16%	5%
➢ Long duration of action	5%	3%
➢ 3 to 4 days to reach steady state	9%	0%
• Good/Better Safety/Side Effect/Tolerability Profile	2%	6%
• Provided overview/general information/indications	7%	6%
• iPhone App	0%	5%
• Good/Better Efficacy	10%	3%
• Created awareness/provided general reminder	7%	3%

Base = Total Physicians: (bases vary)

QB8 Thinking of the entire most recent presentation for EXALGO, was any information new to you? (bases vary)

Base = Physicians who report that new information was learned during EXALGO presentation

QB9 What specific new information did you learn about EXALGO? (OPEN END)

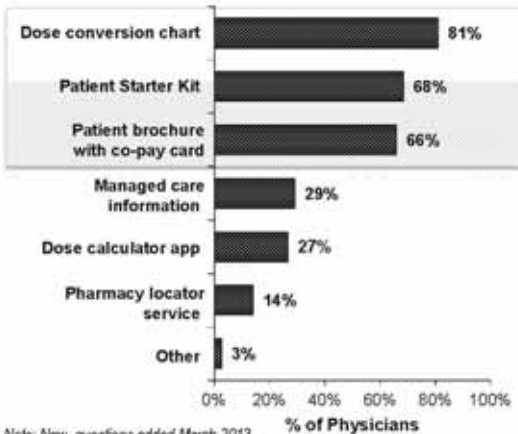
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Half of physicians discussed tools with the EXALGO sales reps; particularly the conversion chart, starter kit and patient brochure

**% of Respondents that Discussed Tools with EXALGO Representative:**

**Mar-13 : 53%**

**Tools Discussed with EXALGO Representative**



Note: New questions added March 2013.

Base = Total Physicians (bases vary)

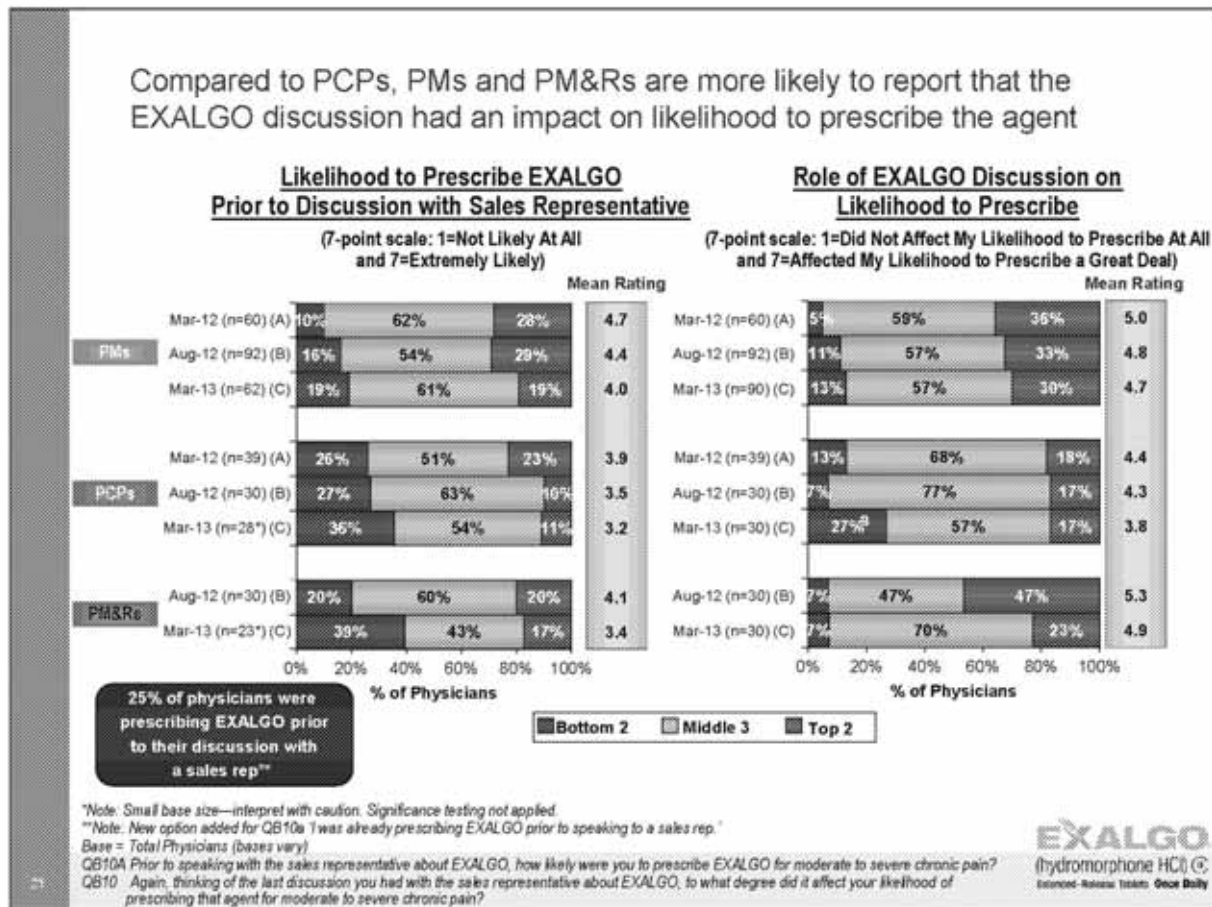
QB4e In your last discussion with the EXALGO sales representative, did you discuss any tools that could be utilized for either yourself or your patients?

QB4f Which tools did you discuss with the EXALGO sales representative?

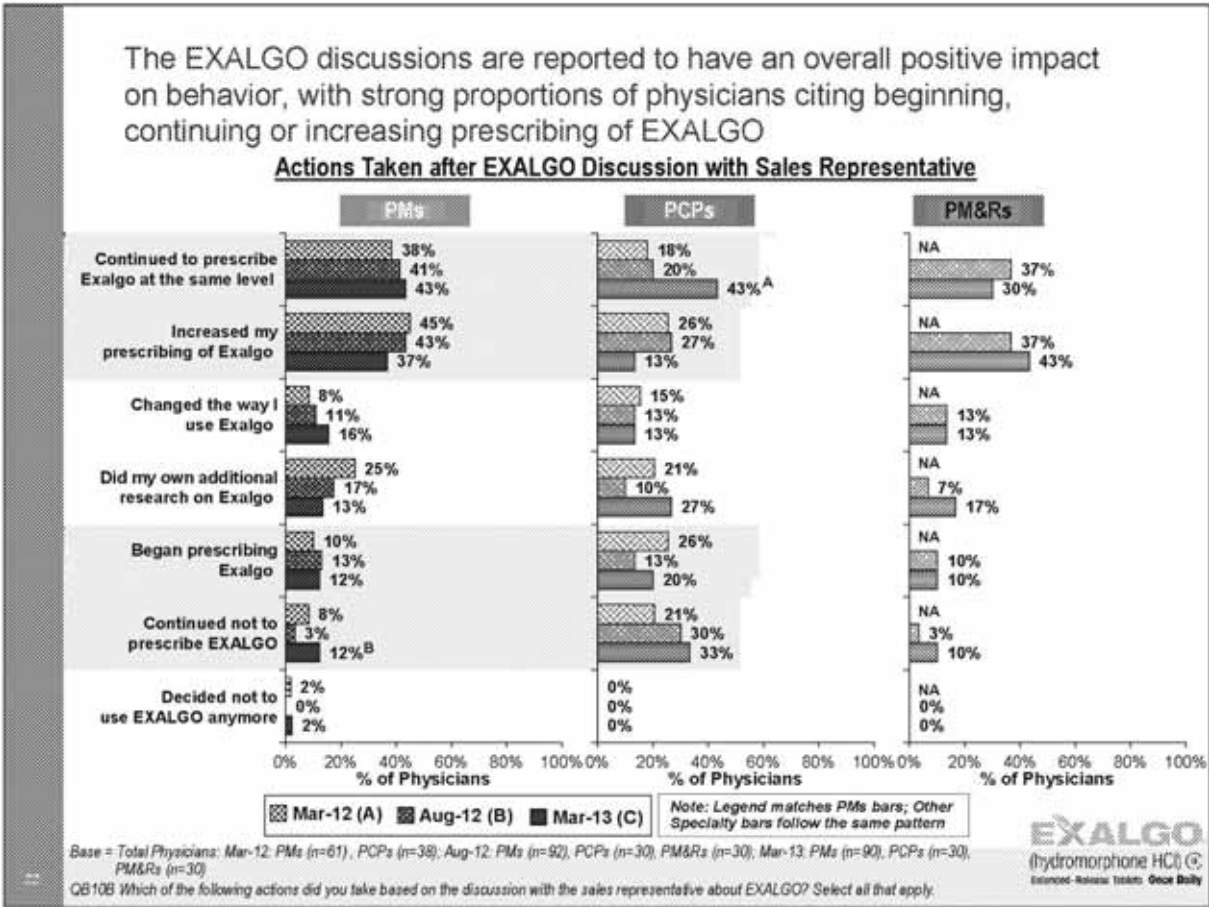
QB4g Are there any tools that you would like to receive from the EXALGO sales representatives that would make you more comfortable prescribing EXALGO (hydromorphone HCl extended-release tablets) for your patients with moderate to severe chronic pain? [OPEN END]

**Tools That Would Increase Comfort in Prescribing EXALGO**

	Mar-13 (n=150)
• Insurance/Prior Authorization (Net)	17%
– Updates on insurance coverage	9%
– Patient financial assistance/voucher/coupon/co-pay card	7%
• Dosing Information (Net)	15%
– Dose conversion/calculator	12%
• General information (Net)	13%
– Study results	3%
– Patient education/Waiting room brochures	3%
• iPhone/Cellphone App (unspecified)	3%
• Starter kits	3%
• Other	3%
• None	45%

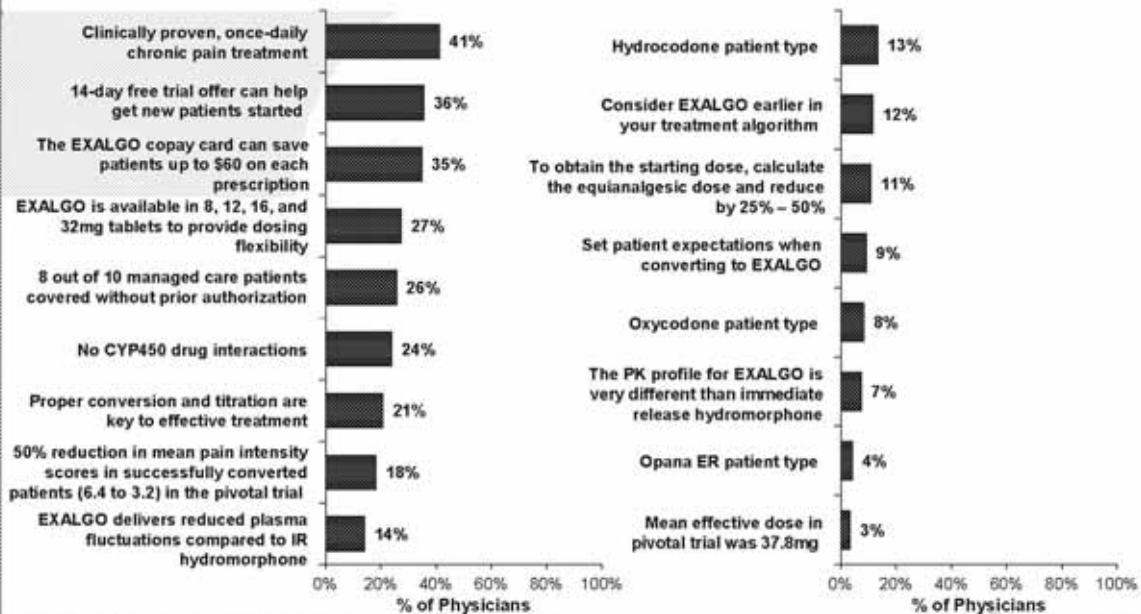






*Clinically proven once-daily treatment, trial offer for new patients and copay card savings are the most motivating messages to prescribe EXALGO*

**Most Motivating Message to Prescribe Product**



Note: New list of messages used in March 2013. Question asked as multiple response self.

Base = Physicians likely to increase prescribing after sales detail and who discussed the message during the most recent detail (bases vary by each message).

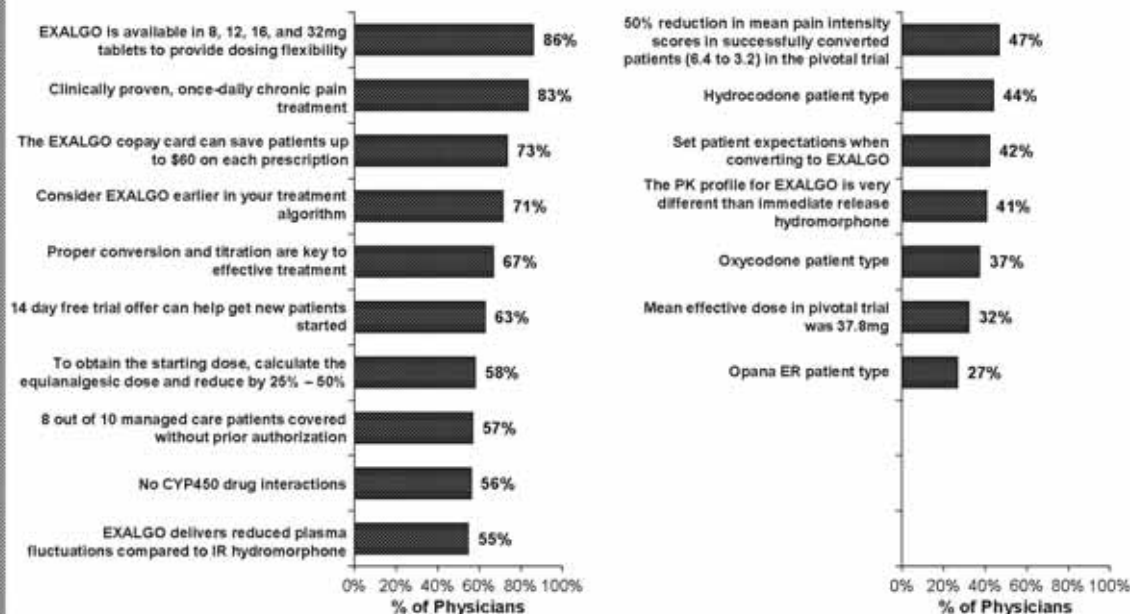
QB11: For each of the messages discussed about EXALGO during your last detail visit, what message or messages most motivated you to prescribe that product?

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Back-Up Slides

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## Aided Message Recall for EXALGO

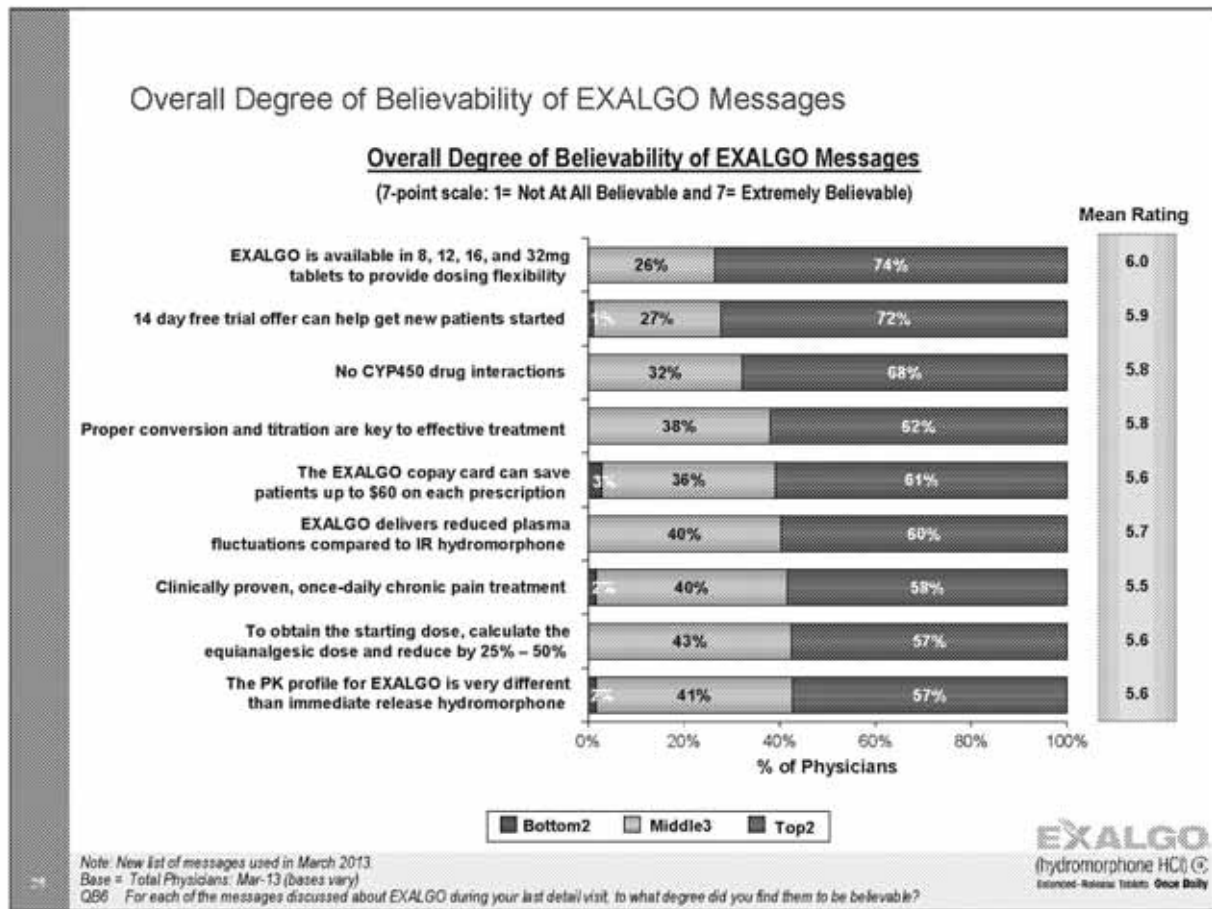
Aided EXALGO Messages Discussed

Note: New list of messages used in March 2013.

Base = Total Physicians (n=150)

Q85 Including what you may have already mentioned, which of the following messages did the representative discuss about EXALGO for moderate to severe chronic pain during the most recent presentation?

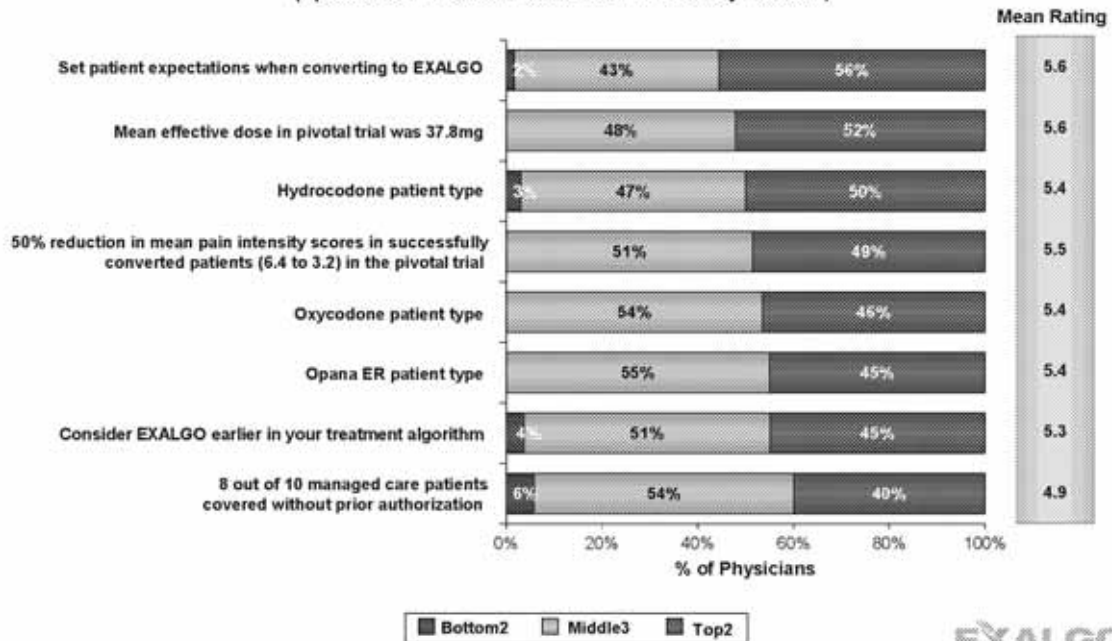
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## Overall Degree of Believability of EXALGO Messages

**Overall Degree of Believability of EXALGO Messages (Cont'd)**

(7-point scale: 1= Not At All Believable and 7= Extremely Believable)



Note: New list of messages used in March 2013.

Base = Total Physicians: Mar-13 (bases vary)

QB6 For each of the messages discussed about EXALGO during your last detail visit, to what degree did you find them to be believable?

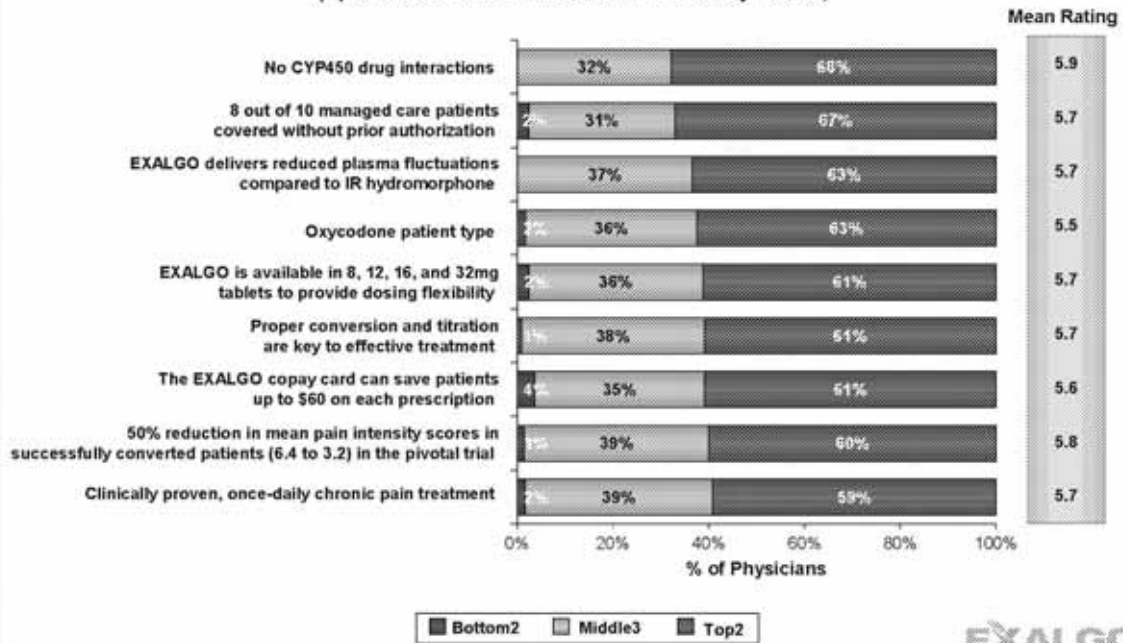
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## Overall Degree of Relevance of EXALGO Messages

**Overall Degree of Relevance of EXALGO Messages**

(7-point scale: 1= Not At All Relevant and 7= Extremely Relevant)



Note: New list of messages used in March 2013.

Base = Total Physicians: Mar-13 (bases vary)

QB7 For each of the messages discussed about EXALGO during your last detail visit, to what degree did you find them to be relevant to you?

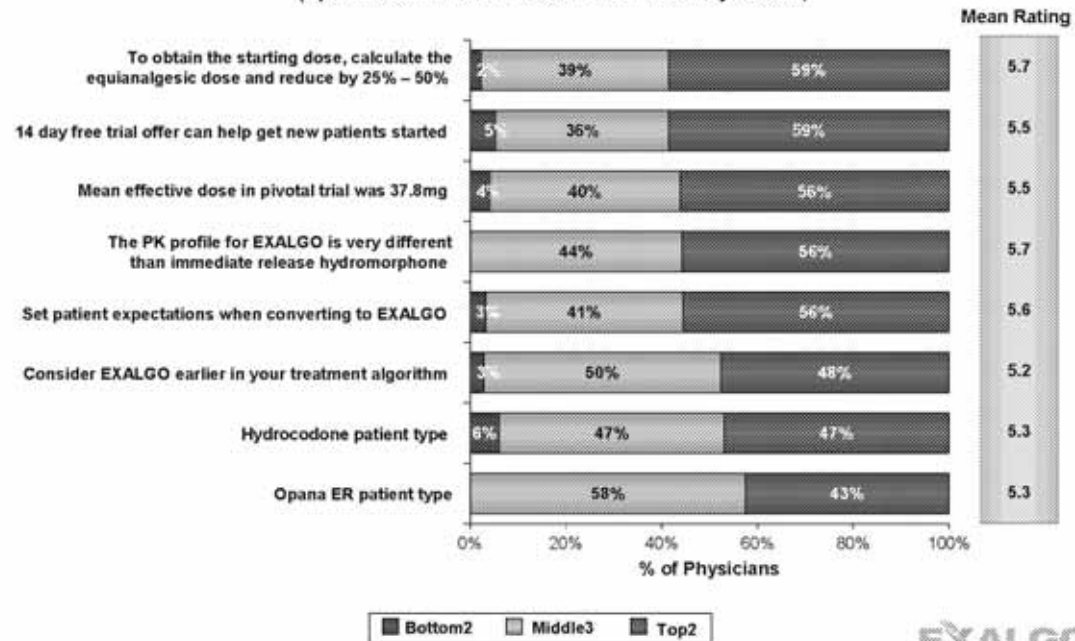
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## Overall Degree of Relevance of EXALGO Messages

**Overall Degree of Relevance of EXALGO Messages (Cont'd)**

(7-point scale: 1= Not At All Relevant and 7= Extremely Relevant)



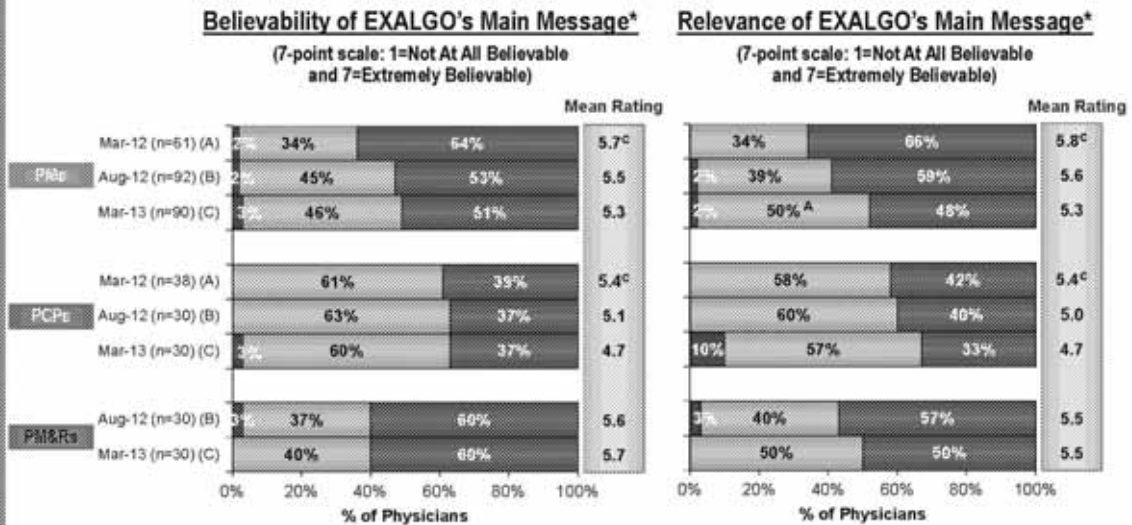
Note: New list of messages used in March 2013

Base = Total Physicians: Mar-13 (bases vary)

QB7 For each of the messages discussed about EXALGO during your last detail visit, to what degree did you find them to be relevant to you?

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## Believability and Relevance of EXALGO's Main Message (Unaided)



\* Note: main message captured unaided

Base = Total Physicians (bases vary)

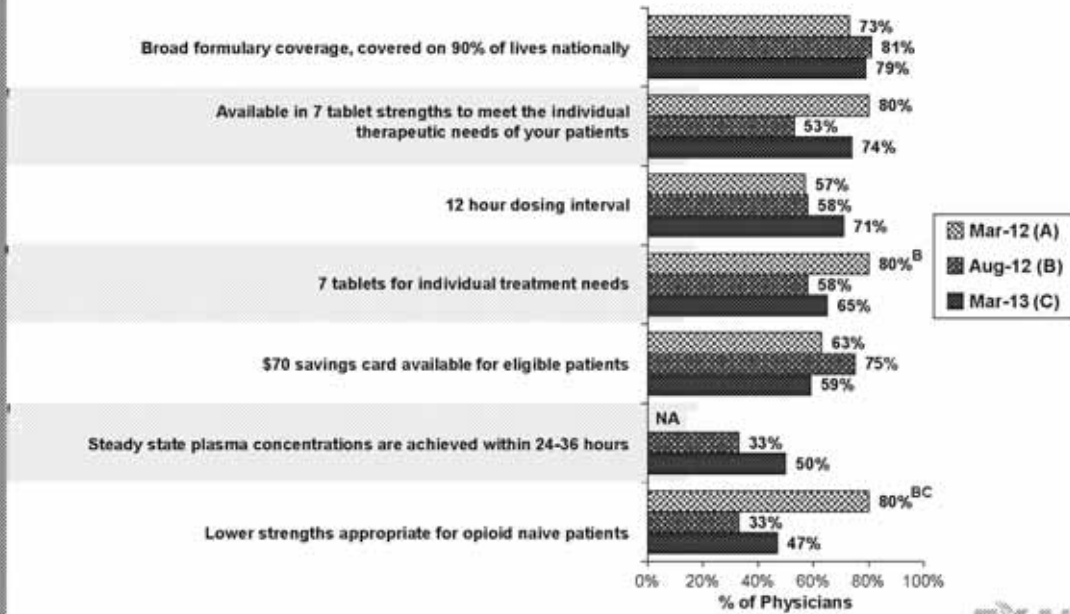
QB3 Thinking of the main message the sales representative conveyed to you about EXALGO during your last detail visit, to what degree did you find it to be believable?

QB4 Thinking of the main message the sales representative conveyed to you about EXALGO during your last detail visit, to what degree did you find it to be relevant to you?

Bottom 2 Middle 3 Top 2

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## Aided Message Recall for OxyContin

Aided OxyContin Messages Discussed

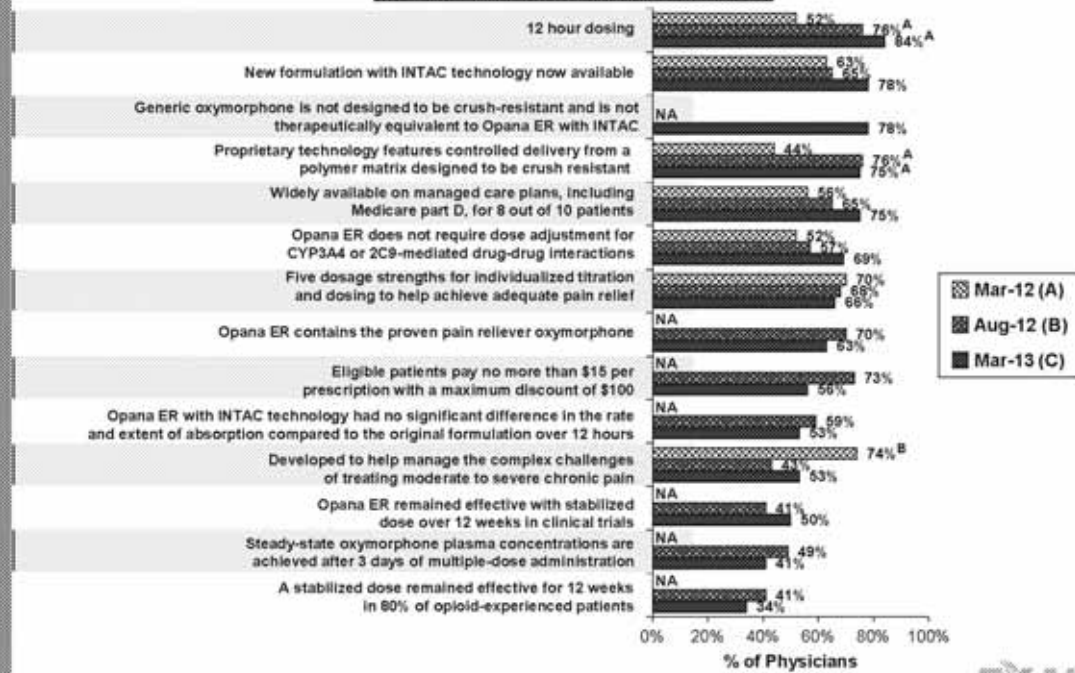
Base = Physicians who have been detailed on OxyContin: Mar-12 (n=30), Aug-12 (n=36), Mar-13 (n=34)

QB13a Which of the following messages did the representative discuss about OxyContin for moderate to severe chronic pain during the most recent presentation?

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## Aided Message Recall for Opana ER

## Aided Opana ER Messages Discussed



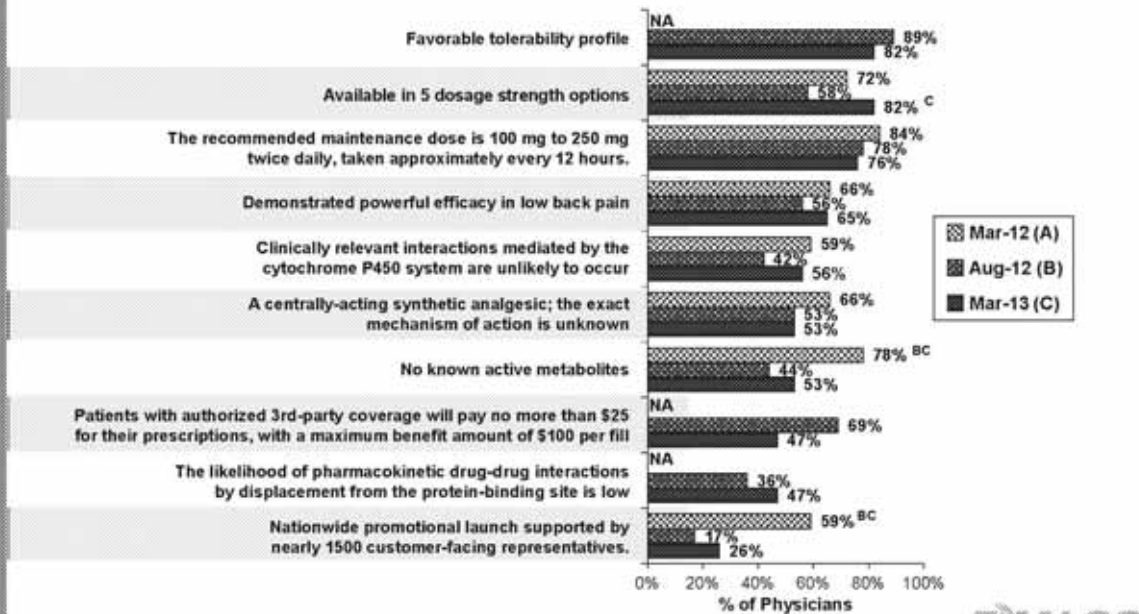
\*Note: Small base size—interpret findings with caution

Base = Physicians who have been detailed on Opana ER: Mar-12 (n=27), Aug-12 (n=37), Mar-13 (n=32)

QB13b Which of the following messages did the representative discuss about Opana ER for moderate to severe chronic pain during the most recent presentation?

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## Aided Message Recall for Nucynta ER

Aided Nucynta ER Messages Discussed

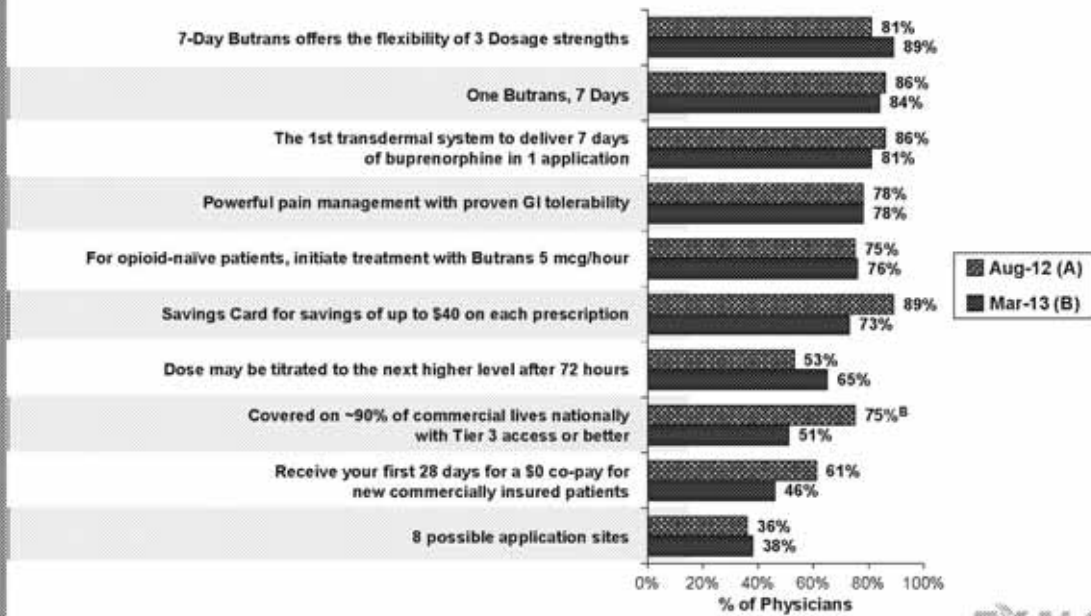
Base = Physicians who have been detailed on Nucynta ER: Mar-12 (n=32); Aug-12 (n=36); Mar-13 (n=37)

QB13c Which of the following messages did the representative discuss about Nucynta ER for moderate to severe chronic pain during the most recent presentation?

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## Aided Message Recall for Butrans

Aided Butrans Messages Discussed

Base = Physicians who have been detailed on Butrans: Aug-12 (n=36); Mar-13 (n=37)

QB13d Which of the following messages did the representative discuss about Butrans for moderate to severe chronic pain during the most recent presentation?

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## Unaided Message Recall - OxyContin

Main Message Conveyed about OxyContin

Main Message Conveyed About OxyContin— Top Mentions		
	Aug-12 (n=37)	Mar-13 (n=37)
▪ <b>New Tamper Resistant Formulation (Net)</b>	24%	32%
➢ Tamper resistant/difficult to divert or abuse	16%	19%
▪ <b>Efficacy</b>	16%	30%
▪ <b>Cost/Insurance Coverage (Net)</b>	11%	11%
➢ Different PBM coverage	5%	11%
▪ <b>Safety</b>	3%	5%
▪ <b>Dosing (Net)</b>	19%	3%
➢ More strengths available for convenient dosing	14%	11%
▪ <b>Other/Do not recall</b>	16%	33%

Base = Physicians who have been detailed on OxyContin: Aug-12: (n=37); Mar-13 (n=37)  
 QB13a2 In your last discussion with the sales representative, what was the main message conveyed about OxyContin? (OPEN END)

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## Unaided Message Recall - Opana ER

Main Message Conveyed about Opana ER

Main Message Conveyed About Opana ER— Top Mentions		
	Aug-12 (n=37)	Mar-13 (n=37)
• <b>Efficacy (Net)</b>	<b>10%</b>	<b>27%</b>
➤ Efficacy	0%	16%
➤ Efficacy for chronic pain	0%	5%
• <b>New formulation (Net)</b>	<b>49%</b>	<b>27%</b>
➤ Tamper Resistant/Crush resistant formulation	26%	27%
• <b>Cost/Insurance Coverage (Net)</b>	<b>21%</b>	<b>16%</b>
➤ Formulary coverage statuses	13%	11%
➤ Patient assistance/Starter kits	0%	5%
• <b>Dosing (Net)</b>	<b>23%</b>	<b>14%</b>
➤ Once daily dosing	13%	5%
➤ Long Lasting	3%	5%
• <b>Switch patients from other opioids to Opana ER (Net)</b>	<b>5%</b>	<b>11%</b>
➤ Conversion	0%	8%
• <b>Did not discuss Opana ER</b>	<b>3%</b>	<b>11%</b>
• <b>Safety information</b>	<b>0%</b>	<b>5%</b>
• <b>Others / Do not recall</b>	<b>5%</b>	<b>16%</b>

98

Base = Physicians who have been detailed on Opana ER: Aug-12: (n=39); Mar-13 (n=37)

QB13b2 In your last discussion with the sales representative, what was the main message conveyed about Opana ER? (OPEN END)

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## Unaided Message Recall - Nucynta ER

Main Message Conveyed about Nucynta ER

Main Message Conveyed About Nucynta ER— Top Mentions		
	Aug-12 (n=39)	Mar-13 (n=37)
▪ <b>Efficacy (Net)</b>	<b>23%</b>	<b>22%</b>
➢ Efficacy/Pain relief	0%	8%
➢ Better than other options	0%	8%
➢ Sustained efficacy	0%	5%
➢ <b>Usage (Net)</b>	<b>0%</b>	<b>19%</b>
➢ Use for DNP/Other neuropathic pain	0%	11%
➢ <b>Cost/Insurance coverage (Net)</b>	<b>21%</b>	<b>14%</b>
➢ Covered on more plans	10%	8%
➢ Manufacturer Coupons	8%	3%
▪ <b>Safety (Net)</b>	<b>15%</b>	<b>11%</b>
➢ Fewer side effects/CNS depression	8%	8%
▪ <b>Dosing (Net)</b>	<b>5%</b>	<b>11%</b>
➢ Other dosing mentions	5%	8%
▪ <b>Less abuse potential</b>	<b>8%</b>	<b>11%</b>
▪ <b>Mechanism of Action mentions</b>	<b>0%</b>	<b>8%</b>
▪ <b>Did not discuss Nucynta ER</b>	<b>3%</b>	<b>5%</b>
▪ <b>Other / Do not recall</b>	<b>8%</b>	<b>21%</b>

97

Base = Physicians who have been detailed on Nucynta ER: Aug-12: (n=39); Mar-13 (n=37)  
 QB13c2 In your last discussion with the sales representative, what was the main message conveyed about Nucynta ER? [OPEN END]

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## Unaided Message Recall - Butrans

Main Message Conveyed about Butrans

Main Message Conveyed About Butrans— Top Mentions		
	Aug-12 (n=37)	Mar-13 (n=37)
• <b>Dosing (Net)</b>	<b>32%</b>	<b>43%</b>
➤ Once weekly dosing/patch/no pills	32%	30%
➤ Convenience of use for patients	3%	8%
➤ Dosing conversion	0%	5%
• <b>Efficacy (Net)</b>	<b>38%</b>	<b>27%</b>
➤ Overall efficacy	16%	8%
➤ Effective for chronic mild to moderate pain	0%	5%
➤ Durable response/Round-the-clock relief	0%	5%
➤ Very effective in opioid naïve patients	5%	3%
➤ Best for those with chronic moderate pain	11%	0%
➤ Lowers requirement for BT pain treatments	5%	0%
• <b>Safety/Tolerability (Net)</b>	<b>24%</b>	<b>14%</b>
➤ Low abuse potential	11%	5%
➤ Side effects	14%	5%
➤ Well tolerated	0%	5%
• <b>Appropriate patient types/Indications</b>	<b>0%</b>	<b>8%</b>
• <b>Pharmacology (Net)</b>	<b>22%</b>	<b>5%</b>
➤ Long lasting/long duration of action	11%	3%
➤ Unique MOA/delivery system	5%	3%
• <b>Cost/insurance coverage</b>	<b>11%</b>	<b>5%</b>
➤ Manufacturer coupon	5%	0%
➤ PBM/third party coverage	5%	5%
• <b>Other</b>	<b>3%</b>	<b>5%</b>
• <b>Do not recall</b>	<b>8%</b>	<b>8%</b>

66

Base = Physicians who have been detailed on Butrans: Aug-12: (n=37); Mar-13 (n=37)  
 QB13d2 In your last discussion with the sales representative, what was the main message conveyed about Butrans? [OPEN END]

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## Physician Sample Description

Q #		Total		
		Mar-12 (n=99) (A)	Aug-12 (n=152) (B)	Mar-13 (n=150) (C)
<b>S2</b>	% of time spent directly caring for patients (as opposed to teaching or administration)	98%	97%	98%
<b>S3</b>	Years in practice	14 yrs	14 yrs	14 yrs
<b>Q53</b>	<b>Primary hospital affiliation</b>			
	Community non-teaching	55%	71%	55%
	Community teaching	26%	18%	29%
	Academic/university	3%	6%	6%
	Other	16%	5%	10%
<b>Q54</b>	<b>Practice location</b>			
	Suburban	59%	61%	64%
	Urban	24%	26%	21%
	Rural	17%	13%	15%

98

Base = Total Physicians: (bases vary)  
S2/S3/Q53/Q54

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## Physician Sample Description

Q #		Total		
		Mar-12 (n=99) (A)	Aug-12 (n=152) (B)	Mar-13 (n=150) (C)
S4	Number of patients seen in a typical month	464 Pts	414 Pts	440 Pts
S5	Number of patient suffering from moderate to severe chronic pain	230 Pts	236 Pts	238 Pts
S8	Number of schedule II extended-release opioid prescriptions per month	190	285*	262
Q56	Payment methods for chronic pain medication			
	Any Medicare	31%	33%	31%
	HMO / PPO	29%	29%	29%
	Traditional or major medical insurance	21%	21%	21%
	Medicaid	14%	11%	13%
	No insurance coverage/cash payments only	6%	5%	6%
	Other	2%	2%	1%

\*Question format changed in Aug-12  
 Base = Total Physicians: (bases vary)  
 S4/S5/S8/Q56

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## Physician Decile

	Total		
	Mar-12 (n=99) (A)	Aug-12 (n=152) (B)	Mar-13 (n=150) (C)
<b>Deciles</b>			
Decile 1	3%	3%	7%
Decile 2	7%	4%	8%
Decile 3	6%	10%	10%
Decile 4	10%	14%	9%
Decile 5	12%	16%	12%
Decile 6	19%	14%	14%
Decile 7	19%	18%	15%
Decile 8	14%	10%	11%
Decile 9	5%	7%	7%
Decile 10	4%	4%	1%

41

Base = Total Physicians: (bases vary)

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